



**CLARK COUNTY DEPARTMENT OF DEVELOPMENT SERVICES  
BUILDING PLANS EXAMINATION DIVISION  
SHORT LOG CHECK-IN FORM**

PLANS EXAMINER:

DATE:

PAC NO: \_\_\_\_\_ VALUATION: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SCOPE OF WORK:

TYPE OF WORK: ☐ ARCHITECTURAL ☐ STRUCTURAL ☐ ELECTRICAL ☐ PLUMBING ☐ MECHANICAL

**SUBMITTAL INVENTORY:**

☐ PERMIT APPLICATION (S)

☐ ARCHITECTURAL PLANS

☐ PLANS (# SUBMITTED)

☐ MECHANICAL PLANS

☐ STRUCTURAL PLANS

☐ ENERGY

☐ STRUCTURAL CALCULATIONS

☐ PLUMBING PLANS

☐ ELECTRICAL WIRING METHODS

☐ SOILS REPORT

☐ ELECTRICAL LOAD CALCULATIONS

☐ OTHER \_\_\_\_\_

**RATE PER CLARK COUNTY BUILDING ADMINISTRATIVE CODE (\$75.00/HOUR - ½ HOUR MINIMUM)**

Examiner Initials: \_\_\_\_\_

Time: \_\_\_\_\_

Fee: \_\_\_\_\_

Examiner Initials: \_\_\_\_\_

Time: \_\_\_\_\_

Fee: \_\_\_\_\_

Examiner Initials: \_\_\_\_\_

Time: \_\_\_\_\_

Fee: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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